

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Security Is Strength PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Adelson, Miriam, , Dr.,**

Mailing Address 3355 Las Vegas Blvd., South

City  
Las Vegas

State  
NV

Zip Code  
89109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adelson Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2019

**Transaction ID : SA11AI.5250**

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Adelson, Sheldon, G., ,**

Mailing Address 3355 Las Vegas Blvd., South

City  
Las Vegas

State  
NV

Zip Code  
89109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Las Vegas Sands

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2019

**Transaction ID : SA11AI.5248**

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bankers Financial Corp.**

Mailing Address 11101 Roosevelt Boulevard North

City  
St. Petersburg

State  
FL

Zip Code  
33716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2019

**Transaction ID : SA11AI.5262**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1005000.00